

OTA Supervision Registration Form (Form #6)
(Copy this form for multiple supervisors)

Note: The Board must be notified in writing within 15 days once supervision has terminated.

Supervisor: Supervisor must be a licensed Occupational Therapist in the state of South Dakota

Name of Supervising Therapist _____
Street Address _____
City _____ State _____ Postal Code _____
Phone Number _____ Email Address _____
South Dakota License Number _____

Occupational Therapy Assistant

Occupational Therapy Assistant Name _____
South Dakota License Number (If applying, write "N/A") _____

Basis of Supervision

On what basis will supervision be provided? _____

Proposed Practice Location (Name of Company and Full Address) _____

Supervising Therapist's Education and Practice

OT school(s) _____
Dates: From (MM/YY) _____ To (MM/YY) _____
Practice Locations and Dates (Please list the locations and dates of employment): _____

I certify that I have read, understand and will comply with those sections regarding Occupational Therapy Assistants as stated in the South Dakota Occupational Therapy Practice Act.

Signature of Supervising Occupational Therapist

Date